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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 15-IS-5715 (13035US02)

First Inventor Silva-Craig et al.

Title Application Service Provider Based Redundant Archive Services for Medical Archives and/or Imaging Systems

Express Mail Label No. EV 304939437 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 35] (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>-Descriptive title of the invention</li> <li>-Cross Reference to Related Applications</li> <li>-Statement Regarding Fed sponsored R&amp;D</li> <li>-Reference to sequence listing, a table, or a computer program listing appendix</li> <li>-Background of the Invention</li> <li>-Brief Description of the Drawings (<i>if filed</i>)</li> <li>-Detailed Description</li> <li>-Claim(s)</li> <li>-Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]</p> <p>5. Oath or Declaration [Total Pages 6]           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> </ul> </p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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**ACCOMPANYING APPLICATION PARTS**

<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation       Divisional       Continuation-in-part (CIP)      of prior application No.: 09/681,471

Prior application information:

Examiner: Baoquoc N. To

Group/Art Unit: 2172

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>*23446*</b> <b>23446</b> <small>PATENT TRADEMARK OFFICE</small>	or <input type="checkbox"/> Correspondence address below
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	500 W. Madison Street 34 <sup>th</sup> Floor				
City	Chicago	State	IL	Zip Code	60661
Country	USA	Telephone	(312) 775-8000	Fax	(312) 775-8100
Name (Print/type)	Christopher N. George	Registration No. (Attorney/Agent)			51,728
Signature				Date	July 17, 2003

21909-U.S.P.T.O.  
 10/621959  
 07/17/03

7169 U.S. PTO  
07/17/03

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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# FEE TRANSMITTAL for FY 2003

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$768.00)

Completeness Known	
Application Number	
Filing Date	July 17, 2003
First Named Inventor	Silva-Craig
Examiner Name	Baoquoc N. To
Group Art Unit	2172
Attorney Docket No.	15-IS-5715 (13035US02)

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <table border="1"> <tr> <td>Deposit Account Number</td> <td>502401</td> </tr> <tr> <td>Deposit Account Name</td> <td>GEMS-IT</td> </tr> </table> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				Deposit Account Number	502401	Deposit Account Name	GEMS-IT	<p>3. 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1204	84	2204	42	**Reissue independent claims over original patent																																																																																																																																																																																																																								
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																								

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Christopher N. George	Registration No. (Attorney or Agent)	51,728	Telephone	(312) 775-8000	
Signature	<i>Christopher N. George</i>			Date	July 17, 2003	

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**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Milton Silva-Craig

Docket No.

13035US01

Serial No.  
09/681,471Filing Date  
April 13, 2001

Examiner

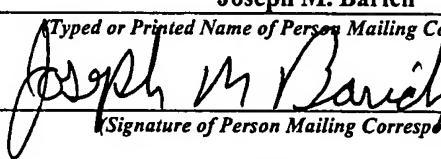
Group Art Unit

Invention: **APPLICATION SERVICE PROVIDER BASED REDUNDANT ARCHIVE SERVICES FOR MEDICAL ARCHIVES AND/OR IMAGING SYSTEMS**

I hereby certify that the following correspondence:

**Transmittal, Notice to File Missing Parts, Response to Notice to File Missing Parts, executed Declaration, and fee of \$130.00***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

June 15, 2001*(Date)***Joseph M. Barich***(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)***EL649147396US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

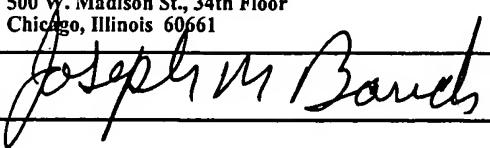
(to be used for all correspondence after initial filing)

		Application	09/681,471
		Filing Date	April 13, 2001
		First Named	Milton Silva-Craig et al.
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	15-IS-5715

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Executed Declaration
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	McAndrews, Held & Malloy, Ltd. 500 W. Madison St., 34th Floor Chicago, Illinois 60661
Signature	
Date	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	
Signature	
Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533)(Large Entity)**

Docket No.  
**13035US01**

In Re Application Of: **MILTON SILVA-CRAIG et al.**

Serial No.  
**09/681,471**

Filing Date  
**April 13, 2001**

Examiner

Group Art Unit

Invention: **APPLICATION SERVICE PROVIDER BASED REDUNDANT ARCHIVE SERVICES FOR MEDICAL ARCHIVES AND/OR IMAGING SYSTEMS**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

**Box Missing Parts**

This is a response to the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533) mailed on  
May 21, 2001  
*Date*

Enclosed herewith for filing are the following:

- A copy of the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533). **(REQUIRED)**
- An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.
- A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date.
- An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.
- A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.
- Other (list):

**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533)(Large Entity)**

Docket No.  
**13035US01**

In Re Application Of: **MILTON SILVA-CRAIG et al.**

Serial No.	Filing Date	Examiner	Group Art Unit
09/681,471	April 13, 2001		

**Invention: APPLICATION SERVICE PROVIDER BASED REDUNDANT ARCHIVE SERVICES FOR MEDICAL ARCHIVES AND/OR IMAGING SYSTEMS**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

**Box Missing Parts**

Completion of application fees as calculated below:

Utility application filing fee \_\_\_\_\_

Design application filing fee \_\_\_\_\_

Total number of independent claims = \_\_\_\_\_

Total number of claims = \_\_\_\_\_

Multiple dependent claims \_\_\_\_\_

Surcharge for late payment of filing fee and/or late filing of original declaration or oath **\$130.00**

Petition and fee for filing by other than all the inventors or a person not the inventor \_\_\_\_\_

Fee for processing an application filed with a non-English language specification \_\_\_\_\_

Fee for processing and retention of application \_\_\_\_\_

Total completion of application fees **\$130.00**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the above-identified Notice to File Missing Parts of Application. The requested extension is as follows (check time period desired). If an additional time extension is required, please consider this a petition therefor.

One month       Two months       Three months       Four months       Five months

from: \_\_\_\_\_ until: \_\_\_\_\_

*Date*

*Date*

Total time extension fees \_\_\_\_\_

Total fees due **130**

**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533) (Large Entity)**

Docket No.  
**13035US01**

In Re Application Of: **MILTON SILVA-CRAIG et al.**

Serial No.  
**09/681,471**

Filing Date  
**April 13, 2001**

Examiner

Group Art Unit

**Invention: APPLICATION SERVICE PROVIDER BASED REDUNDANT ARCHIVE SERVICES FOR  
MEDICAL ARCHIVES AND/OR IMAGING SYSTEMS**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

**Box Missing Parts**

The fee of **\$130.00** is to be paid as follows:

- A check in the amount of the fee is enclosed.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **13-0017**.  
A duplicate copy of this sheet is enclosed.
- If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No.  
A duplicate copy of this sheet is enclosed.

  
*Joseph M. Barich*  
Signature

Dated: **June 15, 2001**

Joseph M. Barich, Reg. No. 42,291  
McAndrews, Held & Malloy, Ltd.  
500 W. Madison Street, 34th Floor  
Chicago, Illinois 60661

I certify that this document and fee is being deposited on **June 15, 2001** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Signature of Person Mailing Correspondence*

*Typed or Printed Name of Person Mailing Correspondence*

CC: